

GENERAL FOSTER CARE CASE

I. PLACEMENT

First, use the placement codes in your attachments to indicate the type of placement the child was in at the end of the review period or the last placement the child was in before the case closed or the child returned home, if that occurred before the end of the review period.

A. Placement Decisions & Support to New Placement Providers

This section reviews several requirements regarding placement decisions and the various factors that must be considered when identifying an out-of-home placement for a child. In addition the section reviews requirements regarding information that must be provided to a new out-of-home care provider. You will need to look in CPS files, foster care files, court documents, and screening and placement records to answer these questions.

This section only applies to placements made during this review period. If the child was already in an out-of-home placement at the beginning of the review period and that placement did not change throughout the review period, the questions in this section do not apply to this case. Answer question 1 No and go on to Section B. If there was more than one placement change during this review period, read this case in terms of the most recent placement within the period.

*The **initial placement** is the first out-of-home placement a child is in after DCFS obtains custody of the child. **Placement changes** occur if the child is moved from one out-of-home placement to another during the review period. Placement changes **DO NOT** include moving to or from hospitalization, respite care, detention, or a return to an out-of-home placement after a scheduled home visit. For purposes of this review, placement changes **do not** include a return home or a change in level of care that does not involve a change in caretaker.*

IA.1. Did the child experience an initial placement or placement change during this review period?

If the child was placed in out-of-home care during this review period, or if the child moved from one out-of-home placement to another during this review period, answer this question “Yes”. A return home, a move to independent living code, or a change in level of care that does not involve a change in where the child is living is not considered a placement change.

YES	Go to question 2
NO	Skip to section B

IA.2. Were reasonable efforts made to locate kinship placements?

According to DCFS practice guideline section 501.3, when either parent cannot care for children safely, the DCFS worker will make a reasonable search for relatives and for kinship placement. The DCFS worker will continue to search for relatives if a long-term kinship placement has not been identified or if it is in the best interest of the child. Reasonable efforts to locate kinship placements include talking to the child, the parents, the child's teacher, or care providers about the child's relatives and how to contact them.

Check the Activity Log (both CPS and foster care), Request for Kinship Study, Kinship Study, 24 Hour Meeting notes, Shelter/Foster Placement Information Form, the placement screening form, shelter hearing information and other court reports, team meeting notes, and elsewhere in the record for documentation that reasonable efforts were made to locate kinship placements. If the child is in a kinship placement that would be considered reasonable efforts to locate such a placement.

YES	The child was in a kinship placement or there is documentation that the worker made reasonable efforts to locate kinship placements.
NO	There was no documentation that the worker made reasonable efforts to locate kinship placements.
NA	The child was abandoned and no information on the family was available; the child is a juvenile offender and placement was ordered, the determination was made at a hearing that no kinship care was available or appropriate.

IA.3. Were the child's special needs or circumstances taken into consideration in the placement decision?

DCFS practice guideline section 301.3 states that the child will be placed in the least restrictive/most family-like placement that meets the child's special needs according to the following priorities: A. Placement with non-custodial parent. B. Placement with siblings. C. Placement with kin or extended family who are invested in preserving the child's kinship ties. D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification. Special needs or circumstances may be based on level of care needed or type of placement needed based on the age of the child such as adoptive placement, special medical needs, independent living skills training, etc.

Check the Activity Log, the Child and Family plan, the child and family assessment, the Placement Screening Form, the Progress Summary, the Foster Care Placement Level Checklist, CANS, SDM Safety and Risk Assessments and elsewhere in the record for documentation that the child's special needs or circumstances were considered in the placement decisions. This information may be located in SAFE on the details tab under the provider's name. You could also check the residential screening section of the file. If the child has special needs, but a placement provider specifically able to address those needs was not available and that is addressed in the record that would be evidence that the child's needs were considered. If possible put this in the comments section.

YES	The child's special needs or circumstances were considered in the placement decision.
NO	There is no documentation of the special needs or circumstances being taken into consideration in the placement decision.
NA	The new placement is court ordered or the result of an emergency; or there is no evidence of special needs or circumstances requiring consideration.

IA.4. Was proximity to the child's home/parents taken into consideration in the placement decision?

DCFS practice guideline section 301.3 states that the child will be placed in the least restrictive/most family-like placement that meets the child's special needs according to the following priorities: A. Placement with non-custodial parent. B. Placement with siblings. C. Placement with kin or extended family who are invested in preserving the child's kinship ties. D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification. Reasonable proximity includes placing the child within the neighborhood of the family home so that family contact, school placement, church involvement, and friendships can be maintained. Any placement beyond school district or county lines must be discussed with the child and family team. If a placement is in close proximity to the parents is not selected, document reasons why the chosen placement is in the best interests of the child.

Check the Activity Log, the child and family assessment, the Placement Screening Form, and elsewhere in the record for evidence that the proximity to the child's home was a placement consideration. This information may be located in SAFE on the details tab under the provider's name. It is not necessary for the child to be placed in proximity to his/her home for the idea of placing him/her in close proximity to have been considered. On the other hand, if the child is, in fact, placed in proximity to his/her home, it can be assumed such a placement was a consideration. If the child's placement is in the same county as the parents for the Salt Lake Valley, Western and Northern regions or the placement is in the same regional neighborhood for the Southwest and Eastern regions that would be considered in proximity to the parents. If the parents' home is within one mile of the county or regionally defined neighborhood border, the child may be placed within a 30-mile radius of the home and it would still be considered within close proximity to the parents.

YES	Proximity to the child's home was considered in the placement decision.
NO	There is no documentation that proximity to the child's home/parents was considered in the placement decision.
NA	Parents' rights have been terminated; or the natural parents' whereabouts are unknown, institutionalized, incarcerated or live out-of-state; or the new placement was court ordered or the result of an emergency.

IA.5. Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider,

DCFS practice guideline section 301.4 requires that workers provide all necessary information about the child's permanency plan, family visitation plans, and needs such as medical, educational, mental health, social, behavioral, and emotional needs. **Prior to placement**, the out-of-home caregiver should be provided this information about a child from either the regional resource family consultant or out-of-home worker so an informed decision can be made as to whether or not the caregiver can provide adequate care for the child.

Check the activity log, the child and family assessment, team meeting notes, the child and family plan, the placement screening form, residential screening form and elsewhere in the record for documentation that workers gave the out-of-home caregivers the required information. If this is an initial placement after a removal the worker has 24 hours to provide the information to the provider.

YES	The worker gave the out-of-home caregiver available essential information about the child before the placement was made.
NO	There is no documentation that the worker gave available essential information to the providers prior to the placement.
NA	Placement occurred prior to DCFS involvement with the child.

B. General Placement Support

DCFS practice guidelines require that certain information be provided to the out-of-home caregiver and that the worker visit the child in his/her placement. You will need to look in foster care files, placement records, and SAFE documentation to answer these next few questions.

IB.1. Did the worker make a face-to-face contact with the substitute caregiver at least once during each month of the review period?

DCFS practice guideline 302.2.C states that at a minimum, the caseworker will conduct one monthly face-to-face contact with a substitute caregiver with whom the child is living. If the substitute caregiver lives out of state the Utah worker will make at least one contact with the provider during each month of the review period. This contact may be by correspondence, telephonically or electronically. If the worker documents this contact this question can receive a “yes” answer.

YES	Documentation was located that indicated that the worker made at least one face-to-face visit with the caregiver of the child this month. If the child is placed out-of-state the Utah worker made at least one contact with the provider.
NO	No documentation was located that the worker made at least one face-to-face visit with the caregiver of the child this month. If the child is placed out-of-state, no documentation was located that the Utah worker made at least one contact with the provider.
EC	The worker documented two or more attempts to visit the caregiver this month. (Write detailed explanation in the comments section.)
NA	The case was not open this month or was open for less than 16 days of the month. Youth is in an IL placement and there is not an out-of-home caregiver. Child is on a trial home placement.

1B.2. Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?

DCFS practice guideline section 302.2.B states the caseworker shall visit with each child. A visit is defined as a face-to-face meeting between the child and the caseworker. The visit must occur as frequently as the conditions of the case require but no less than one visit monthly. The visit must occur in the child's out-of-home placement. The purpose of this question is to measure that the children placed out-of-home are seen in their current living environment. If the child is placed out-of-state AND the Utah worker makes telephone contact with the child, this question can receive a yes answer.

YES	Documentation was located indicating that the worker had at least one face-to-face contact with the child/youth inside the out-of-home placement this month. Or the child is placed out-of-state (ICPC) and the Utah worker made at least one phone contact with the child.
NO	No documentation was located that indicated that the worker had a face-to-face contact with the child inside the out-of-home placement this month. Or there is no documentation that the Utah worker made telephonic contact with the child who is placed out-of-state.
EC	The worker documented two or more attempts to have face-to-face contact with the child inside the out-of-home placement this month. (Write detailed explanation in the comments section.)
NA	The child was not receiving services during this month or received services for less than 16 days of the month. The child was at home for a trial home placement. The child is AWOL for more than half the month.

IB.3. Did the worker have a face-to-face conversation with the child outside the presence of the caregiver at least once during each month of the review period?

DCFS practice guideline section 302.2 states the caseworker shall visit with each child client involved in the case. A visit is defined as a face-to-face meeting between the child and the caseworker. The conversation must be conducted away from the caregiver unless the child refuses or exhibits anxiety. DCFS assumes any child two years old or older to be developmentally appropriate to have a conversation, unless the worker specifies otherwise in the logs. Siblings may be interviewed together or separately depending on the comfort level of the child or if there are safety considerations. .

YES	The worker documented at least one face-to-face conversation with the child outside the presence of the caregiver this month.
NO	No documentation was located of a face-to-face conversation with the child outside the presence of the caregiver for this month.
EC	The worker documented two or more attempts to have a face-to-face conversation with the child this month. (Write detailed explanation in the comments section.)
NA	The child was not receiving services this month or was receiving services for less than 16 days of the month. The child is not developmentally age appropriate. The child lives out of state (ICPC) . The child is under the age of 2.

IB.4. Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?

DCFS practice guideline 302.2.D states Monthly caseworker contact with parent. Contact is defined as a face-to-face meeting between the parent and the caseworker. The visit must occur at least monthly. If the whereabouts of the mother are unknown, this question can be answered “NA”. If the mother lives outside of the county where the worker’s assigned office is located, this contact may be accomplished by correspondence, electronically or telephonically and receive a “yes” answer. **It is assumed that the parent’s whereabouts are known unless the worker specifies otherwise.**

YES	Documentation was located that the worker had at least one face-to-face discussion with the mother of the child this month.
NO	No documentation was located that indicates the worker had at least one face-to-face discussion with the mother of the child this month.
EC	The worker documented two or more attempts to visit the mother this month. (Write detailed explanation in the comments section.)
NA	The case was not open for services during this month or received services for less than 16 days of the month. Mother is deceased. Mother’s parental rights have been terminated. Mother refuses to participate. Mother’s whereabouts are unknown.

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IB.4a. If the whereabouts of the mother are unknown, did the worker make monthly efforts to locate the mother?

IB.5. Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?

DCFS practice guideline 302.2.D states: Monthly caseworker contact with parent. Contact is defined as a face-to-face meeting between the parent and the caseworker. The visit must occur at least monthly. If the whereabouts of the father are unknown, this question can be answered “NA.” If the father lives out of the county where the worker’s assigned office is located, this contact may be accomplished by correspondence, telephonically, or electronically and receive a “yes” answer.

It is assumed that the parent’s whereabouts are known, unless the worker specifies otherwise.

YES	Documentation was located that indicated that the worker had at least one face-to-face discussion with the father of the child this month.
NO	Documentation was not located that indicated that the worker had at least one face-to-face discussion with the father this month.
EC	The worker documented two or more attempts to visit the legally recognized father this month. (Write detailed explanation in the comments section.)
NA	The case was not open during this month or was open for less than 16 days of the month. The father is deceased. Father’s parental rights have been terminated. Father’s whereabouts are unknown. Father refuses to participate.

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IB.5a. If the whereabouts of the father are unknown, did the worker make monthly efforts to locate the father?

II. HEALTH & MENTAL HEALTH SERVICES

This section focuses on the health services provided to the child, including initial and annual health assessments and will be reviewed for a 12-month period of time. If more than one assessment was completed in the review period such as the well baby check, read the most current exam report.

II.1. Was an initial or annual Well Child CHEC conducted on time?

As per DCFS practice guideline section 303.5, within 30 days of removal or court-ordered custody; whichever comes first, the child will receive a Well Child CHEC exam. While in custody the child will receive Well Child CHEC exams according to the Periodicity Schedule: A. Birth. B. Two weeks of age. C. Two months of age. D. Four months of age. E. Six months of age. F. Nine months of age. G. Twelve months of age. H. Fifteen months of age. I. Eighteen months of age. J. Twenty-four months of age. K. Annually, after 24 months of age. The annual exams must be completed by the end of the 13th month following the exam completed in the previous year. For example: if the child had an exam in May 2012, the next annual exam is due by the end of June 2013. The exam may be completed early but if it is late, it is over due. Look in the record for the Health Visit Report form, other medical reports, documentation in the Activity Log, Safe Health tab (including the details tab), and elsewhere in the record for evidence that the child received a health assessment during the year. For the initial exams, determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. If the child is AWOL the month the exam is due, answer this question "NA".

YES	An initial or annual Well Child CHEC was conducted on time OR for initial exams
NO	An initial or annual Well Child CHEC was due but there is no documentation that it was conducted.
EC	The initial or annual Well Child CHEC was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the doctor was unavailable for an extended period (Put the reason in the comments section).
NA	The child had not yet been removed from home for 30 days at the end of the current review period and the exam would be due outside the review period. The child is AWOL the month the exam is due.

II.2. Was an initial or annual mental health assessment conducted on time?

As per DCFS practice guideline section 303.5 when a child is removed from their home the child will receive a comprehensive mental health assessment within 60 days of removal or court ordered custody. While in custody, the child will receive an annual mental health assessment. Annual assessments are required every 12 months for children over the age of five, and must be completed by the end of the 13th month following the assessment completed in the previous year. For example: if the child had an assessment in May 2012, the next annual assessment is due by the end of June 2013. The assessment may be completed early but if it is late, it is over due. If the child received a mental health assessment, psychological or psychiatric evaluation or an **Ages and Stages developmental assessment and the Ages and Stages Social and Emotional screening (ASQ &ASQ:SE)** prior to entering DCFS custody AND the worker received approval from a regional health care specialist, that assessment counts as the initial or annual mental health assessment. Children four months to five years of age may receive an ASQ &ASQ:SE. Practice guidelines state that the periodicity schedule for the ASQ and the ASQ:SE is 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, 60 months. Look at the Health Visit Report form, ASQ and ASQ:SE form, Mental Health Assessment report, Psychosocial Assessment report, or other medical/mental health reports, documentation in the Activity Log, Safe Health Tab (including the details tab), and elsewhere in the record for evidence that a mental health or psycho-social assessment was conducted and if it was completed on time. For children four months to five years of age only one ASQ and ASQ:SE will be evaluated for the review period. Check the age of the child and the periodicity schedule for the most currently due ASQ and determine if that ASQ was received and if it was within the appropriate time frame. For example if the child is 30 months old was the ASQ and ASQ:SE completed between the child's 27th month and the child's 33rd month. For the initial assessment, determine the date the child was removed from the home and compare that date to the date the initial assessment was completed to determine if it was completed on time. For children up to four months no mental health assessment is required. Be sure to note in the comment section specifically which assessment was completed, the initial, annual, or ASQ and ASQ:SE and the date it was completed. If the assessment was conducted late, document how late the assessment was completed. If the child is AWOL the month the assessment is due, answer this question "NA".

YES	An initial or annual mental health assessment/ASQ and ASQ:SE was conducted on time.
NO	An initial or annual mental health assessment was due but there is no documentation that it was conducted
EC	The mental health assessment or the ASQ and the ASQ:SE was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the evaluator was unavailable for an extended period. (Put the reason in the comments section)
NA	The child had not yet been removed from home for 60 days at the end of the current review period and the assessment would be due outside the review period. The infant is under four months of age at the end of the review period. The child is AWOL the month the assessment is due

II.3. Was an initial or annual dental assessment conducted on time?

As per DCFS practice guideline section 303.5, the child will receive a dental exam within 60 days of removal or court ordered custody. While in custody, the child will receive an annual dental exam. All children age three and older are required to receive dental exams and treatment. Annual dental exams must be completed by the end of the 13th month following the exam completed in the previous year. The exam may be completed early but if it is late, it is over due. If the child received a dental exam prior to entering DCFS custody AND the caseworker received approval from the regional health care specialist, that exam counts as the initial dental exam. For the initial exams determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. Remember children under age three do not need dental exams. Dental exams can be completed every six months but this is not a requirement. If the child is AWOL the month the exam is due, answer this question "NA".

YES	A comprehensive initial or annual dental assessment was conducted on time.
NO	An initial or annual dental assessment was due, but there is no documentation that it was conducted this review period.
EC	The dental assessment was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the dentist's schedule was full for an extended period of time. (Put the reason in the comment section).
NA	The child is under age 3 and no dental assessment was required; the child had not yet been removed from home for 60 days at the end of the review period and the exam would be due outside the review period. . The child is AWOL the month the assessment is due

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ADDITIONAL HEALTH CARE QUESTIONS

III. EDUCATIONAL SERVICES

Since this section looks at school-based services, including educational assessments, obviously the questions in this section apply only to school aged children. All children in DCFS custody must attend kindergarten. Therefore, school aged children are usually ages 5-18. However, it is important to remember the birth date deadline for beginning school, which is usually September. This means if a child turns age 5 in November, he/she will not start school until the following school year. If the child whose case you are reviewing is not school aged, including children who have graduated from high school or received a GED, answer question 1 No and skip to Section IV.

III.1. Is the child school aged?

YES	Go to question 2.
NO	Skip to Section IV.

III.2. If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?

The DCFS practice guideline section 303.4 states that at any time during the child's placement, if the child and family team have reason to suspect that the child may have a disability requiring special education services, the child will be referred for assessments for specialized services. Special education services may include services such as resource classes, speech services, language services and behavior management.

Check the Child and Family plan, the Shelter/Foster Placement Information Form, the Placement Screening Form, the Progress Summary, the Activity Log, education tab in SAFE, school records to determine if the child may have an educational disability. If there is evidence that the child may have an educational disability, look for documentation to ensure the child was referred for assessments for specialized services. Put a detailed explanation in the comments section if referral was not made when needed. Document evidence of an IEP, SEP or report card or assessment. If the child was already receiving services answer this question "yes".

YES	The child was referred for assessments for specialized services when there was reason to suspect the child had an educational disability. Or the child was already receiving services.
NO	It was suspected that the child had an educational disability but there is no documentation that the child was referred for assessments for specialized services.
NA	There was no reason to suspect the child had an educational disability and a referral for assessments was not needed; the child is not school age and/or does not attend school.

IV. CHILD AND FAMILY PLANNING

This group of questions involves the child's child and family plan and the planning process, including participants. Obviously the current child and family plan will provide much of the information here, but other documents should be reviewed, including court records. For all questions in this section, refer to the most current child and family plan found in the record as of the end of the review period.

IV.1. Is there a current child and family plan in the file?

The initial child and family plan shall be developed and finalized no later than 45 days after the child's removal from home or placement in DCFS custody, whichever occurs first as per DCFS practice guideline section 302.1. This plan is then updated at least every six months from removal date but can be updated more frequently when new needs are identified or goals are met. The beginning and ending dates of the child and family plan should be recorded on the form.

Check those dates to be sure a plan was in the file, which was current at the end of the current review period. A child and family plan is considered complete when all relevant and applicable sections are filled in and it is finalized in SAFE. A child and family plan is considered incomplete if there are gaps from when the old plan ends and the new one begins. An updated plan must be finalized within 30 days of the end date of the expired plan. For example: If a plan expires March 10, 2013, the new plan must be finalized by April 9, 2013 to be considered completed on time. A child and family plan is considered incomplete if there are gaps from when the old child and family plan ends and the new one begins. If the start date of an initial plan is different than the start date of the case this is not considered a gap.

YES	There is a current case plan in the file.
PC	The plan is completed late but within 22 days for the initial plan or 15 days for follow up plans after the due date.
NO	There is not a current case plan in the file; the service plan section is missing.
NA	The case plan was not yet due at the end of the review period. (put ORP in the comments section).

IV.2. Was an initial child and family plan completed for the family within 45 days of the case start date? (score only if the initial plan was finalized during the review period)

The DCFS practice guideline section 302.1 states the initial child and family plan shall be developed and finalized no later than 45 days after the child's removal from home or placement in DCFS custody, whichever occurs first. You may need to check CPS files and court records to determine when the child was removed from the home and when the child was placed in DCFS custody and which occurred first. The removal date will appear on the general tab in SAFE, court documents, the Child in Custody form, the child and family assessment, and elsewhere in the record.

The date of the completion of the child and family plan is the date the child and family plan form is finalized in SAFE. Check that date to ensure that it was finalized no more than 45 days from the child's removal from home or placement in DCFS custody whichever occurred first.

YES	The initial child and family plan was completed within 45 days of the child's removal from home or placement in DCFS custody whichever occurred first.
PC	The plan is completed late but within 22 days for initial plans after the due date.
NO	There is no documentation that the initial child and family plan was completed within 45 days of removal or the timeliness of the initial child and family plan could not be determined.
NA	The child and family plan, which was current during this review period, was not the child's <u>initial</u> child and family plan. Initial plan was developed ORP.

IV.3. Were the following team members involved in the development of the current Child and Family Plan?

a. the mother?

b. the father?

c. other caregiver, (foster parent, guardian, stepparent, kin)?

d. the child/youth if developmentally appropriate? (Generally, children age 5 and older are considered able to contribute in some way.)

DCFS Practice Guideline section 302.2 requires that the child and family plan (CFP) will be developed mutually by the child and family team through which the family can establish and meet its needs. The CFP will be complete when it is finalized in SAFE. Involvement in planning can be any time from the finalization date in SAFE of the prior plan to the SAFE finalization date of the current plan. All parents shall have the opportunity to participate in the development of the CFP. Parent is defined as the mother and father regardless of physical custody or current level of involvement in the child's life. "Step-parent" has been defined by DCFS as a caregiver who is married to a parent and is living in the home where the child is residing or will reside. "Other caregiver" is defined as someone that has been identified as a person who will be imminently providing enduring permanency for the child (guardian, kin). The developmentally appropriate child means they have the ability to understand and offer relevant contributions to the plan. As a general guideline, children who are elementary school aged are regarded as being capable of contributing.

Yes	Documentation was located indicating that this party was involved in the development of the Child and Family Plan. The caseworker talked to the parent face-to-face but the parent refused to participate.
No	No documentation was located that this party was involved in the development of the child and family plan.
EC	The worker documents two attempts to involve this party in planning:
NA	There is no current child and family plan. The child and family plan was not due by the end of the review period; or the child and family plan was finalized prior to the review period. For a & b only: Parent is deceased; or parental rights have been terminated by the court; or the parent's whereabouts are unknown; parental involvement in the planning process is detrimental to the safety or best interest of the child and is supported by court order or the child's therapist. For c only: there is no foster parent, stepparent or other caregiver. For d only: the child is not age 5 or older; the child is not developmentally appropriate.

IV.4. In order to create an individualized TAL plan, was an initial or annual Ansell Casey Life Skills Assessment (ACLSA) completed?

DCFS practice guidelines 300.4.A states the caseworker is to facilitate a thorough family assessment that defines the child and family's strengths and needs and provides the framework from which to access appropriate services, evaluate progress toward goals and adjust plans and interventions. Practice Guideline 303.15 states: When a youth is 14 years and older, the Ansell Casey Life Skills Assessment will be used to help determine skills needed for transition to adulthood. Guideline 303.7.2 provides an outline for workers to refer to when creating a TAL plan. The goals, services, and needs identified by the youth, caregiver, and Child and Family Team will be used to develop and update the youth's Child and Family Plan as well as the TAL plan. An annual ACLSA should become part of the official Family Assessment (as supported by R512-305-3.)

If the case involves a child age 14 or over, an initial ACLSA must be completed within 45 days of the 14th birthday, or date of custody. The annual assessment should be conducted yearly within 30 days of the youth's birthday. The assessment may be completed early but if it is late, it is over due. Determine by reviewing activity logs and the Family Assessment to determine if the ACLSA was completed. Look for references identified in the Family Assessment, activity logs or in the case file to verify the ACLSA was completed. When using the policy button, the worker must include a summary of assessment results in order to receive credit.

YES	If the case involves a youth age 14 or over, an ACLSA was completed within 45 days of the 14 th birthday or date of custody. An annual ACLSA should be completed by the end of the 13 th month following completion of the most recent ACLSA
NO	There is no evidence that an ACLSA was completed.
NA	Case does not involve a child 14 years of age or older, or child is incapable of completing an assessment due to mental or physical disabilities which would prevent child from living independently.

IV.5.a Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?

DCFS practice guideline section 303.1 states that purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or parent. Children have the right to communicate with family members except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests. Visitation plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Visits shall occur as often as possible with once per week as the general guideline. If after creative exploration of all options by the child and family team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.**

The child and family visitation plan is a good source to look for this evidence. If the child and family plan specifies the visitation plan and all involved parties are aware of the visitation plan, this question may be answered yes. This may be documented in other areas also such as in the activity logs or the CFTM notes. **Parents are entitled to visit with their children even if reunification services are terminated unless their rights have been terminated.** If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive parents and the child. **The caseworker must specify if the visitation plan is different than weekly and the reasons it is not weekly.** **There must be documentation that visitation planning is current and involves both parents.**

YES	The child was provided the opportunity to visit with his/her mother weekly or there is an alternative visitation plan.
NO	There is no documentation that the opportunity for weekly visitation was provided for the child with his/her parents.
NA	The worker was not able to provide the opportunity for the child to visit with his/her parents for reasons beyond the worker's control, as documented in the record; The parents' rights have been terminated; or visitation is impossible or inappropriate (for example, parents incarcerated or the court or other professional determined that visitation would be detrimental to the child). Child and/or parent refuse to visit.

IV.5.b Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?

DCFS practice guideline section 303.1 states that purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or parent. Children have the right to communicate with family members except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests. Visitation plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Visits shall occur as often as possible with once per week as the general guideline. If after creative exploration of all options by the child and family team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.**

The child and family visitation plan is a good source to look for this evidence. If the child and family plan specifies the visitation plan and all involved parties are aware of the visitation plan, this question may be answered yes. This may be documented in other areas also such as in the activity logs or the CFTM notes. **Parents are entitled to visit with their children even if reunification services are terminated unless their rights have been terminated.** If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive parents and the child. **The caseworker must specify if the visitation plan is different than weekly and the reasons it is not weekly.** **There must be documentation that visitation planning is current and involves both parents.**

YES	The child was provided the opportunity to visit with his/her father weekly or there is an alternative visitation plan.
NO	There is no documentation that the opportunity for weekly visitation was provided for the child with his/her parents.
NA	The worker was not able to provide the opportunity for the child to visit with his/her parents for reasons beyond the worker's control, as documented in the record; The parents' rights have been terminated; or visitation is impossible or inappropriate (for example, parents incarcerated or the court or other professional determined that visitation would be detrimental to the child). Child and/or parent refuse to visit.

IV.6. Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?

DCFS practice guideline section 303.1 requires visitation for siblings. Section 303.1 states purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or parent. Children have the right to communicate with family members except where documented to be clinically contraindicated. Visitation plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Visits shall occur as often as possible with once per week as the general guideline. If after creative exploration of all options by the child and family team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.**

The child and family visitation plan is a good source to look for this evidence. This may be documented in other areas also such as in the activity logs or the CFTM notes. Visits with siblings may occur in conjunction with visits with parents. Visits between siblings in adoptive homes should occur until the adoption is final unless there is some other reason the visits should not occur. This reason needs to be documented. Check child and family assessment, team meeting notes, the Activity Log and elsewhere in the record for evidence of sibling visitation. If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive siblings and the child. **The caseworker must specify if the visitation plan is different than weekly and the reasons it is not weekly.** **There must be documentation that visitation planning is current and involves ALL siblings.**

For this review, visitation is only required with siblings who are also in foster care.

YES	The child was provided the opportunity to visit with his/her sibling(s) weekly.
NO	There is no documentation in the record of the child being provided the opportunity for sibling visitation.
NA	The child does not have any siblings; or the child's siblings are in the same foster placement or the child did not want to visit with siblings;